



City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division • 2350 W. Ogden, First Floor • Chicago, IL 60608
312-746-4200 • BACPPV@CITYOFCHICAGO.ORG • CHICAGO.GOV/BACP

WAV TAXICAB VEHICLE MAINTENANCE SUBSIDY REQUEST (Page 1 of 3) v.2020APRIL09

FOLLOW INSTRUCTIONS: Missing/Incomplete information & documents will result in Delay/Denial

- Taxicab Medallion License Holders applying for the annual WAV taxicab vehicle maintenance subsidy must submit this completed form no later than March 1st of the following year for which reimbursement is being sought by sending request and supporting documents to BACPPV@CITYOFCHICAGO.ORG. Alternative to e-mail, forms and documents may be delivered to Public Vehicle Operations Division, 2350 W. Ogden, 1st floor, Chicago, IL, 60608. Write "Attn: WAV Taxicab Maintenance Subsidy" in e-mail subject line or on the delivery envelope. Forms must be submitted with copies of receipts from licensed motor vehicle repair shop(s). BACP reserves the right to request and review original receipts.
- Use a separate form for each WAV taxicab vehicle.
- Maximum reimbursement starting with 2020 year for annual vehicle and ramp maintenance expenses is \$9,000. For prior years, the maximum reimbursement for annual vehicle and ramp maintenance expenses is \$8,000.

ITEMIZED RECEIPTS AND INVOICES MUST INCLUDE THE FOLLOWING:

Date of service	Description of work performed	Price paid for labor
Repair Shops Business Name, Address and Phone Number	List of parts	Sales Tax (if applicable)
Vehicle information (make/model/mileage/and VIN number)	Price paid for parts	Total price paid

- NOTE: Itemized service receipts or invoices must be dated within the current calendar year and issued from a licensed repair facility or authorized service center. Service must have been performed on the WAV taxicab vehicle for which the subsidy is being applied. All in-house facilities performing services on a WAV taxicab vehicle are also required to submit receipts and/or invoices as referenced above. These must also contain the name and contact number of the individual who performed the work.
- Service items that are acceptable and qualify for subsidy incentive include, but are not limited to, the following:

Routine maintenance as detailed by vehicle manufacturer, such as items:	Repairs and maintenance to equipment installed on WAV taxicab, such as:	Non-Routine/Unscheduled Repairs
•Oil Change •Vehicle Fluids •Filters •Drive or Timing Belts •Tire rotations •Annual Tires •Hoses •Lights •Brakes •Chassis Lubrication •Tune Ups •Windshield Wipers	•Ramp •Hinges •Wiring •Tie-downs •Doors •Kneel system •Motors	Repairs to the vehicle not covered by the manufacturer warranty necessary for the operation of the vehicle. These requests will be evaluated on a per case basis.

- *Items not included in the list above must be pre-approved by BACP before any subsidy is distributed.*

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- A taxicab medallion licensee must meet the following requirements to qualify for this subsidy:
 1. Compliance with all City of Chicago laws, including City of Chicago debt compliance, and
 2. Active participation and in good standing with the City of Chicago Centralized WAV Taxi Dispatch Service provider.
- Accompanying documents which must be submitted with request for this subsidy:
 1. A letter with this application from the Centralized WAV Taxicab Dispatch Service provider stating that you are an active member in good standing;
 2. A copy of the current vehicle registration with the Illinois Secretary of State as proof of vehicle ownership; and
 3. Supporting receipts which comply with requirements in this 3 page form.
- Failure to comply with the requirements listed in this document and applicable laws may result in the revocation of any or all taxicab medallion licenses.

WAV TAXICAB VEHICLE INFORMATION

WAV MAINTENANCE SUBSIDY is requested for Taxicab Medallion License No: _____TX.

Current Vehicle Mileage: _____ Total dollar amount requested: \$ _____

MOTOR VEHICLE REPAIR SHOP INFORMATION

Name of Licensed Repair Shop: _____ License Number: _____

Contact Person _____ Contact Phone Number: _____

Address of Licensed Repair Shop: _____

If there is more than 1 repair shop you may use Appendix A to list each shop. See page three.

SIGNATURE AND AFFIRMATION INFORMATION

I affirm that all the information and statements made on this form and on the attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me on this subsidy application or attachments (intentional or unintentional) will result in the denial of the request submitted and/or applicable penalties; including, but not limited to, revocation of the taxicab medallion license listed on this reimbursement form. Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the MCC, I certify that the above statements are true and correct.

Applicant/Licensee Signature: _____

Taxicab Owner Company Name: _____

Print Recipient Name: _____ (Payee Listed On The Check)

Recipient's Relationship To Taxicab Owner: _____ Recipient FEIN: _____

Mailing Address: _____
(street address, unit#, city, state, zip code) – **Check will be mailed to listed address**

***** **SECTION BELOW RESERVED FOR BACP STAFF** *****

Inspections: 1st _____/Result: _____ 2nd _____/Result: _____

● Receipts (☐ yes / ☐ no) ● Approved Expenses (☐ yes / ☐ no) ● VIN on Receipts (☐ yes / ☐ no) ● Licensed MVR (☐ yes / ☐ no)
● Passed Inspection (☐ yes / ☐ no) ● List of Previous Expenses Checked (☐ yes / ☐ no) ● Dispatch Letter (☐ yes / ☐ no)

Date: _____ Decision by: _____ (Name/Title)

Approved Amount: \$ _____ If Denied, Why?: _____

APPENDIX A: MULTIPLE MOTOR VEHICLE REPAIR SHOP SHEET

Name of Licensed Repair Shop: _____

Address of Licensed Repair Shop: _____

License Number: _____ Contact Person: _____

Contact Phone Number: _____

Amount of subsidy sought for repairs performed at this shop: \$_____

Name of Licensed Repair Shop: _____

Address of Licensed Repair Shop: _____

License Number: _____ Contact Person: _____

Contact Phone Number: _____

Amount of subsidy sought for repairs performed at this shop: \$_____

Name of Licensed Repair Shop: _____

Address of Licensed Repair Shop: _____

License Number: _____ Contact Person: _____

Contact Phone Number: _____

Amount of subsidy sought for repairs performed at this shop: \$_____

Name of Licensed Repair Shop: _____

Address of Licensed Repair Shop: _____

License Number: _____ Contact Person: _____

Contact Phone Number: _____

Amount of subsidy sought for repairs performed at this shop: \$_____

This form may be duplicated as many times as is needed.